Docket No: <u>FERN-P013</u> Application No. : Not Yet Assigned

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, postal address and citizenship are as stated below next to my name.

VERONICA WEINSTEIN, REG. NO. 43,252 MIRCEA ACHIRILOAIE, REG. NO. 48,880

JAMES HARRIS, REG. NO. 52,995

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if multiple names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INTEGRATED BIOSENSOR AND SIMULATION SYSTEM FOR DIAGNOSIS AND THERAPY

es Application Number or P	CT International Application Number;
reviewed and understand the collments referred to above.	ntents of the above identified specification, including the claims,
disclose information that is mate	erial to patentability as defined in 37 CFR 1.56.
365(a) of any PCT International wand have also identified, as so	119(a)-(d) or 365(b) of any foreign application(s) for patent or application which designated at least one country other than the indicated below, any foreign application for patent or inventor's g date before that of the application on which priority is claimed.
n(s)	Priority Claimed
	YesNo
(Country)	(Month/Day/Year Filed)
t under 35 U.S.C. 119(e) of any U	United States provisional application(s) listed below.
(Month/Day/Year Filed)	
the United States, listed below ed in the prior United States or 1 112, I acknowledge the duty to ome available between the filing of	United States application(s), or 365(c) of any PCT International and, insofar as the subject matter of each of the claims of this PCT International application in the manner provided by the first disclose information that is material to patentability as defined in late of the prior application and the national or PCT International
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